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IE 36293

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

25

Application Number

09/853,850

Filing Date

May 10, 2001

First Named Inventor

Vilcauskas et al.

Art Unit

3629

Examiner Name

Mooneyham, Janice A.

Attorney Docket Number

Exit:Detect1

### ENCLOSURES (Check all that apply)

- Fee Transmittal Form in duplicate
- Fee Attached
- Amendment/Reply
  - After Final
  - Preliminary
- Extension of Time Request in duplicate
- Express Abandonment Request
- Information Disclosure Statement (IDS; 1449; and nonpatent and foreign references)
- Certified Copy of Priority Document(s)
- Reply to Missing Parts/ Incomplete Application
  - Reply to Missing Parts under 37 CFR 1.52 or 1.53

- Drawing(s)
- Licensing-related Papers
- Petition
- Petition to Convert to a Provisional Application
- Power of Attorney, Revocation
- Change of Correspondence Address
- Terminal Disclaimer
- Request for Refund
- CD, Number of CD(s) \_\_\_\_\_
- Landscape Table on CD

Remarks

Request to Change Docket Number; return receipt postcard

After Allowance Communication to TC

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

Proprietary Information

Status Letter

Other Enclosure(s) (please identify below):

see remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Karen Dana Oster, LLC		
Signature			
Printed name	Karen Dana Oster		
Date	March 9, 2006	Reg. No.	37,621

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as ~~first class~~ mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Express

Signature			
Typed or printed name	Karen Dana Oster	Date	March 9, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
PATENT APPLICATION EXAMINING OPERATIONS

Applicant(s): Vilcauskas et al.

Group Art Unit: 3629

Serial No.: 09/853,850

Examiner: Mooneyham, Janice A.

Filing Date: May 10, 2001

Docket No: Exit:Detect1

Patent No.:

Issue Date:

Title: SYSTEM FOR DETECTING AND PREVENTING DISTRIBUTION OF  
INTELLECTUAL PROPERTY PROTECTED MEDIA  
REQUEST TO CHANGE DOCKET NUMBER

Law Office of Karen Dana Oster, LLC  
PMB 1020  
15450 SW Boones Ferry Rd. #9  
Lake Oswego, OR 97035  
March 9, 2006

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the docket number be changed to correspond to the attorney of record's current docketing system. Specifically, it is respectfully requested that the new docket number should be Exit:Detect1. It is respectfully requested that this change be made in the physical file as well as the electronic file (including the PAIR listing).

Respectfully submitted,

Karen Dana Oster  
Reg. No. 37,621  
Of Attorneys of Record  
Tel: (503) 810-2560



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 710
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Complete if Known	
Application Number	09/853,850
Filing Date	May 10, 2001
First Named Inventor	Vilcauskas et al.
Examiner Name	Mooneyham, Janice A.
Art Unit	3629
Attorney Docket No.	Exit:Detect1

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-2115 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
28 - 20 = 8	x \$25 = \$200					

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
5 - 5 = 0	x \$100 = \$0					

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE****4. Other Fees**

Extension for response within Three months (37 CFR 1.17(a)(3))

**Fees Paid (\$)**

510

Submission of an Information Disclosure Statement (1.17(p))

Terminal disclaimer fee under 37 CFR 1.20(d)

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	37,621	Telephone (503) 810-2560
Name (Print/Type)	Karen Dana Oster		Date	March 9, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE UNDER 37 CFR 1.10  
CERTIFICATE OF MAILING BY  
"EXPRESS MAIL"

Express Mail No.: ET836241518US

Date of Deposit: March 9, 2006

I hereby certify that the following documents relating to a U.S. Patent Application No. 09/853,850 entitled SYSTEM FOR DETECTING AND PREVENTING DISTRIBUTION OF INTELLECTUAL PROPERTY PROTECTED MEDIA and invented by Vilcauskas et al. are being deposited with the United States Postal Service, "Express Mail Post Office to Addressee" service under 37 CFR 1.10, on the date indicated above and is addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450; Alexandria, VA 22313-1450.

- Transmittal Form PTO/SB/21
- Fee Transmittal Form (in duplicate) and check for \$710 for 3 month extension & extra claims
- Amendment/Reply
- Extension of Time Request (in duplicate)
- Request for Change of Docket Number
- a return acknowledgement postcard
- this Certificate of Mailing by Express Mail
- 
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Karen Dana Oster